

# Wisconsin Department of Regulation & Licensing

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### AFFIDAVIT REGARDING SUPERVISED EXPERIENCE FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

*(To be completed by supervisor only)*

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

CREDENTIAL OF SUPERVISOR (e.g., certified clinical supervisor, a licensed marriage and family therapist, a licensed professional counselor, a licensed clinical social worker, a licensed clinical psychologist, a licensed physician): \_\_\_\_\_

LICENSE/CERTIFICATE NUMBER OF SUPERVISOR: \_\_\_\_\_

1) Name and address of agency where supervised experience was gained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Beginning and ending dates of this supervised professional counseling, marriage and family, or social work experience:

From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

I am a supervisor qualified as defined by MPSW 1.09(4) and I have supervised the above applicant at least 1,000 hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders.

I swear that the foregoing information is true and accurate, that the candidate for licensure has met the requirements of Wis. Admin. Code, s. MPSW 1.09(2)(b), and I am knowledgeable in psychopharmacology and addiction treatment.

\_\_\_\_\_  
Signature of Supervisor (Signature of current supervisor is acceptable even if experience was completed in previous place of employment.)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_  
(Supervisor Name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

**NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF A NOTARY, ON THE SAME DATE.**

#2712 (12/05)  
Section 457.02, Stats.